

STATE OF ILLINOIS, DEPARTMENT OF LABOR
Equal Opportunity Workforce Division
160 North LaSalle Street, Suite #C-1300
Chicago, Illinois 60601
1-866-372-4365

**EQUAL PAY ACT:
COMPLAINT FORM INSTRUCTIONS**

1. For your complaint to be processed, you must complete and return to the Illinois Department of Labor an original signed copy of the Equal Pay Complaint Form.
Note: While a complaint is under investigation by the Illinois Department of Labor, the identity of the complainant shall be kept confidential unless the complainant requests otherwise. This does **not** apply in cases alleging retaliatory discharge or retaliatory discrimination under the Equal Pay Act.
2. Answer all questions completely. Incomplete forms will be returned for completion and this will delay the processing of your complaint. If you have any supporting documents to your claim, please attach copies.
3. For purposes of the Equal Pay Act, “date of the underpayment” in question #13 means each time wages are underpaid.
4. Upon receipt of your properly completed Equal Pay Act Complaint Form and any supporting documents, the Department will investigate your claim. You may be required to submit additional information during the investigation. You will be notified in writing of any action required on your part.
5. If you move after filing your complaint, please notify the Department **in writing** at once. **Your claim may be dismissed if we cannot locate you.**